



## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/788,208
Filing Date	February 16, 2001
First Named Inventor	Iversen
Art Unit	3600
Examiner Name	not yet assigned
Attorney Docket Number	767834600001

To: Commissioner for Patents  
Washington, DC 20231

EV243793325US

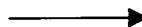
I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: The client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time. The applicant has been notified of this request and will be notified again by receiving a copy of this request.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Chris Heldman		
Address	ASF Capital Corporation		
Address	2425 Matheson Blvd., East, 8th Floor		
City	Mississauga	State	Ontario
Country	Canada	Zip	L4W 5K4
Telephone	905-361-2855	Fax	905-361-6401
<input checked="" type="checkbox"/> This request is made on behalf of myself and			
<input checked="" type="checkbox"/> all the attorneys/agents of record.			
<input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or			
<input type="checkbox"/> the attorneys/agents associated with Customer Number	<input type="text"/>		

This request is enclosed in triplicate (including any attachments).

Name	Stephen D. Scanlon
Signature	
Date	April 22, 2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

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Attorney Docket Number	767834600001
Total Number of Pages in This Submission	4

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent
Remarks _____		

RECEIVED  
APR 28 2003  
GROUP 3600

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Stephen D. Scanlon
Signature	<i>Stephen D. Scanlon</i>
Date	April 22, 2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as to be sent by first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 22, 2003	
Typed or printed	Stephen D. Scanlon
Signature	<i>Stephen D. Scanlon</i>
Date	April 22, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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